Canadian Anesthesiologists' Society Presidential Interviews
Dr. Richard Baxter, interviewed by Archives & Artifacts Committee Chair Dr. Mike Wong
June 1, 2022

Mike
I am joined today by Dr. Richard Baxter, who served as president of the Canadian Anesthesiologists' Society from 1991 to 1992, and also was involved with the British Columbia Anesthesiologists' Society. He practiced for 33 years in Kelowna, British Columbia, before retiring in 2007. He also has experience working in rural and remote communities.

Thank you for joining us, Dr. Baxter, and welcome.

Richard
Thank you.

Mike
Let's start from the beginning. You spent your early life in the United Kingdom. Can you comment on your family background and childhood over there?

Richard
I was a war baby. I was born in Middlesbrough in 1943. My mother drove ambulances and my father was a medical officer on a destroyer in the Navy. Although he never saw action, he was in the Mediterranean for most of the war. My father had received his medical education at [Guy's Hospital in London] and was a family practitioner.

My family moved down to Kent in my early life. Now, one problem existed in that time and that was that my father was brought up as a Plymouth Brethren, which is a very exclusive religious sect, and my mother was an agnostic. She didn't have much [affinity for] religion, and certainly didn't have any time for the Plymouth Brethren. So, there was conflict in my early life, mainly over religion.

I was sent away to a boarding school and my experience was much like Tom Brown's School Days [1857 novel by Thomas Hughes]. It was a school called King's School Rochester. It was a cathedral school, Church of England/Anglican, but there was the Plymouth Brethren hovering in the background, causing the usual sort of religious mess up. [Anyway], I disliked my schooling. I found it quite boring. We would be put in a room and told to do our prep for three hours! I had difficulty doing it doing anything. It was tedious and not productive. After graduation, I did take a year to work with the Wellcome Foundation in the Chemical Development Department. [It was] where they developed organophosphate insecticides, and you had to wear hazmat suits with oxygen pumped in. The compounds they were producing were lethal.

That certainly wasn't up my street either, much too dangerous. So, chemistry was off, and medicine was in. There was really never much debate about what I was going to do after school. After a lot of strong academic struggles, I got the university entrance in London. I was a shoo-in at Guy's since my father had been there and his father before him.

Mike
How would you describe your time as a medical student?

Richard
I loved medical school. It suited me very well. It was organized. I especially enjoyed the physiology lab, the hands-on experiments with frogs and cats, the logic of it just fitted in with the organization of my brain. [I appreciated] the relevance of it, which was something I didn't get during my earlier schooling. I remember during a physiology lab experiment on the frog heart, dripping atropine and other drugs, and watching the effects. I remember thinking, "My goodness! That heart goes on and on, no matter how you insult it. It would be a really good organ to transplant." Its automaticity was quite interesting.

Mike
How you came to find yourself at the Foothills Hospital in Alberta? Did you have a prior connection to Canada?

Richard
I was at a small Hospital in London, St. Olave's Hospital. One evening, I was in the lab, doing the tasks that junior doctors do in Britain: spinning off serum, doing cross matches. I met [Dr. John Butt], a Canadian from Calgary who was also [working there], and we got to commiserating about our lots in life. He told me that in Canada technicians do all these menial tasks and the hard work is done by [physicians]. Well, I had itchy feet [so to speak] and he said, "You should go to Canada. There's a new hospital opening in Calgary." He knew most of the physicians who were staffing the new Foothills Hospital. So, I wrote to the professor in the Foothills Hospital, a guy called Dr. Fred Parney who was a very young professor and is [now] long dead. He wrote me back and said, "Come at once, we need residents." You can imagine how difficult that would be in the current [circumstances].

[An aside, about Dr. Butt, who directed me to Alberta], interestingly enough he trained as a forensic pathologist. He was the chief medical examiner in Calgary for a while and then the medical examiner in Nova Scotia. [He later] looked after the Swiss Air disaster [Flight 111 crash], and the identification of the remains of people who were killed. He got the Order of Canada for the sensitive way he handled the forensic aspects of the whole thing. He had to tell the relatives that they'd never see their families again.

He's still alive at the age of 88 and weighs much too much.

Anyway, that was the reason that I ended up in Canada.

Mike
Did you have any difficulty adjusting to life over here?

Richard
No, no difficult at all. In fact, it was a delight to come from London as a junior doctor, [where] life was a lot less pleasant. The Foothills had brand new interns and residents' quarters. They were fully furnished and just a lovely change from having to put a dime in the meter to get heat [in the apartment], which was what happened in Britain.

It was three years in the residency program in Calgary. [In that time], I developed an interest in the aggressive treatment of RDS [respiratory distress syndrome] in the NICU [neonatal intensive care unit]. That was a thing that didn't exist [previously]. If a baby developed RDS, it [had been] pretty well a death sentence because there were [difficulties ventilating these infants]. Most of the [research] was coming out of California, [so] I went to Stanford in the final year of my training. [In the end], I didn't pursue NICU, but it was certainly a very interesting field.

Mike
After you finished at Stanford, what drew you to start your practice in Kelowna?

Richard
I wanted to come back up to Canada. I'd wanted to work in a smaller town because I was fed up with San Francisco. I fancied something a little smaller. I was interested in adventure and travel.

Before I came to Kelowna, I did secure a job in at the Holy Cross Hospital in Calgary, doing hearts, and the reason I took that was because there was no small-town anesthesia ANYWHERE [at the time]. [Later, someone in] Kelowna phoned me and said, "I hear you're looking for a job in a small town." I said, "Sure!" and I went up. He paid my way up there to have a look around and they wined and dined me and sold me on Kelowna. So that's where I ended up.

Mike
What did your practice look like, starting out?

Richard
Canada was changing from a [direct] fee-for-service model to a government funded model, and that had also been the experience in Britain.

There was both GP anesthesia and specialist anesthesia in Kelowna.

It was clear that Kelowna was becoming a big town with all of the surgical specialties involved. Having just finished in Stanford, I was fairly well equipped to what was going to be necessary. I was able to set up an anesthesia department [after starting in Kelowna].

Mike
How would you contrast what your anesthetic looked like during your first few years of practice, versus the end of your career?

Richard
Pulse oximeters hadn't been invented yet. When I first got to Kelowna, as [with] most of the anesthetic departments in smaller towns, there was one ECG monitor which was shared between 3 or 4 rooms.

The vaporizer situation was atrocious. The Fluotec vaporizer hadn't been invented and you used a bubble vaporizer which worked with the volatile agents. It was sort of, seat of your pants anesthesia.

Oh, and I [want to] just relate one more experience. [Imagine], if you're doing a long back surgery in the [prone] position, and it's going on for a length of time, and the patient develops a blue finger and a low pulse. If you've got a pulse oximeter, you stick it on the finger – and, if it's normal, you're OK! If it's not normal, you better get out there quick!

With the increases in health care [funding], we were able to set things up a little more stably. The CMPA [Canadian Medical Protective Association] fees went from being the highest of all specialties to pretty well the lowest. That was ascribed mainly to the pulse oximeter. It was a life-saving safety [innovation].

When I was the president of the CAS. The forthcoming president, Dr. Crawford Walker, had developed the Guidelines to the Practice of Anesthesia, which helped to direct [family practice anaesthetists] and specialists as to the requirements of having these monitors in place as a safety measure.

Mike
And how did you come to be involved in the CAS?

Richard
The Kelowna is positioned between Vancouver and Calgary. They're both about 500 kilometers away, so it was pretty urgent that, as the small towns grew, they needed to have some sort of formal arrangements [for anesthesia provision]. So, the individual small hospitals formed departments of anesthesia. If anybody showed any interest at all in academics, then you got cajoled [into matters of governance]. I didn't mind that too much. I quite enjoyed the travel, meeting other people. and it just seemed the same.

[To some extent, the CAS] presidency rotated between provinces. It was, like, a six-year commitment from junior member of the executive to senior member, then treasurer, secretary, vice president, and president. It was a fairly lengthy commitment. It involved a fair amount of travel. [For instance], we had a combined meeting with the Australian Society of Anaesthetists in Brisbane while I was [CAS] president.

As I was approaching the presidency, I found that public speaking was a bit worrisome, so I did a course in that which was quite helpful.

Mike
You retired around 2006, how has life been since then?

Richard
I didn't much like being retired so I went straight back to work! I did some locums in Campbell River and up in the Northwest Territories. Eventually though, with anesthesia being a hands-on specialty, you can't do it part-time without losing some of your faculties.

In the end, I got too old to practice so I retired [again, in 2010], to Quadra Island [British Columbia], which is pretty remote. We built a house and lived there for 13 years after retirement. We're now in in Victoria, which is the place aging anesthetists go.

We've joined the bowling club, do a bit of croquet. We walk every day for two hours and we just keep moving!

[I used to have a sports car collection, but] you get too old to even bend over to tighten up [some bolts] these days. If I still owned every car I've had, I would be a multimillionaire. The most significant one was an Aston Martin, 1964, which I found in California while I was at Stanford. I towed it back up to Canada behind a U-Haul truck, and it last changed hands for $900 000, or something like that. And I bought it for $5 000 USD!

Mike
Do you have any advice for the next generation of anesthesia trainees?

Richard
[…don’t get divorced]. It’s the best investment you can make.

Mike
Thanks for that, we appreciate your insights and your time.